PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

COVER-PRO℠ APPLICATION
BENEFIT PLAN CONSULTANT SUPPLEMENT

1. Full name of the Applicant Firm:

2. Please indicate the percentage of the Applicant's gross annual revenue from the last fiscal period involving:

A. Health and Welfare Plan Consulting

Single Employer Plans:	%
Multiple Employer Benefit Plans (Taft-Hartley Trusts):	%
Multiple Employer Welfare Arrangements (MEWA):	%
Multiple Employer Trusts (MET's):	%
Health Maintenance Organizations (HMO's):	%
Preferred Provider Organization (PPO's):	%
Cafeteria Plans:	%
Employee Assistance Programs:	%
Group Life Insurance:	%
AD&D:	%
Dental Plans:	%
Vision Plans:	%
Section 125 Plans:	%
Short and Long Term Disability Plans:	%
Key Person Life Insurance:	%

B. Defined Benefit Pension Plan Consulting:	%
C. Defined Contribution Plan Consulting	%
D. Profit Sharing Plan Consulting:	%
E. Other (specify):	%
TOTAL MUST EQUAL:	**100**%

3. Currently, or in the past five (5) years, has the Applicant Firm:

a.	been involved in any financial consulting or planning?	Yes	No
b.	been involved in any human resource consulting?	Yes	No
c.	been involved in accounting and/or CPA's services?	Yes	No
d.	been involved in claims administration services?	Yes	No
e.	been involved in insurance agent/broker services?	Yes	No
f.	been involved in premium collection/billing services?	Yes	No
g.	been involved in underwriting/policy issuance?	Yes	No
h.	been involved in administrator for credentialing services?	Yes	No
i.	been involved in electronic data processing/collection?	Yes	No

4. Does the Applicant have any certifications, designations or credentials relating to the benefit consulting industry? Yes No
Please provide a list all certifications, designations or credentials.

© 2010 Philadelphia Insurance Companies

5. Is the Applicant a member of any national associations? Yes No
Please provide a list of all memberships.

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-Pro^{sm} application and is subject to the same conditions as stated on the application.

Name (Please Print/Type) Title **(MUST BE SIGNED BY A PRINCIPAL PARTNER OR OFFICER)**

Signature Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Producer/Broker)

Producer Agency

Producer License Number Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)

© 2010 Philadelphia Insurance Companies

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date

© 2010 Philadelphia Insurance Companies